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Capt. D. E. Brown, MC USN
Bureau of Medicine & Surgery Code 313
Department of The Navy
Washington, D. C. 20390

Dear Earl,

I have reviewed your excellent proposals for the modernization of the Navy Residency program and find myself in complete accord with the aims and the scope of your program.

At a time when some of the best academic training centers find their programs fragmented and diffuse in orientation, beset by open disaffection on the part of the residents, it is of real significance that the Navy, in implementing these proposals, will be able to offer matchless training in the specialty of psychiatry.

The effective division of the three years course into halves, the first devoted to a rigorous, disciplined and well thought through introduction into the fundamentals of psychiatry to be followed in the second half by a reasonable latitude of choice to the end of affording the resident the opportunity to develop his particular interest within the field makes excellent sense. Every effort should be made to elaborate and to constantly review the essence of what ought to be the requisite base of knowledge for work in the field. Clear concept and definition as well as the realistic awareness of the limitations of the field will provide the working base for whatever direction the resident takes in the later phase in his training. I cannot emphasize this sufficiently.

With this in mind, I would like to recommend that you consider the advisability of at least one meeting annually in the Bureau, under your direction, of the three directors of psychiatric training with the express purpose of reviewing the content of the didactic work of the first eighteen months. To this meeting can be brought the reactions of the men in training as well as a thorough critique and reevaluation of the courses of instruction. This would be in reference to your section on coordination - Section 5, Paragraph E.

Turning now to the latter phase of the training, it seems evident that the Navy will find an ever increasing need for

fully qualified specialists in several areas within the broader compass of the field. I am in complete agreement with your conviction that there be fully qualified psychiatrists in four major areas:

1. Forensic Psychiatry: This field, already a part of the curricula in the best law schools in the country, is of great significance to the Navy. The interface of law and psychiatry with all the attendant issues of competence and responsibility, freedom of the will and determinism present almost daily issues in evaluation at all levels in the armed services. It seems that the Navy would be well served by a senior highly qualified psychiatrist, expert in forensic psychiatry. Apart from his obvious value to the JAG, he could be of invaluable assistance in the teaching at each of the three training centers. In addition, if possible, there should be at least two junior people encouraged and supported in learning this field with the possibility of at least a year in one of the best civilian centers.

2, Administrative Psychiatry: Effort should be directed to recognizing those individuals in training having a particular talent in administration, who at the same time possess a sound and broad grasp of the field of psychiatry. The very success of the program implies effective continuity and sound administration as well as critical monitoring. It seems that there should be at least one such senior understudy in Code 313 as you recommend to act as your assistant.

3. Child Psychiatry: This now established field ought to be represented by at least two fully qualified Navy child psychiatrists, one on the east coast and one on the west. In addition to the teaching of child psychiatry to residents, the services of these two individuals could be of great effect in the organization of psychiatric evaluation of dependent children in the pediatric departments in the Navy hospitals, a clearly present need.

4. Aviation and Submarine Psychiatry: Lastly, there should be available at least one senior specialist in psychiatry in aviation and one in submarine medicine. Presumably the former would be attached to NAMI in Pensacola and the latter to the Navy Submarine Medical Center in New London. These officers should be qualified in Aviation Medicine as flight surgeons and as submarine medical officers respectively. Efforts should be made to interest the residents in a career in these specialties by the early elective rotations you specify in Section 2, Paragraph 5. I would like to recommend that all the training directors discuss the attractive possibilities of a career in these two specialties to the end that one or possibly two replacements for the senior officers be available. The continuing manifest emphasis on the

expansion of the fleet submarine divisions as well as on the air arm lends weight to this position.

You may wish to consider the value in a regular exchange between these specialists as there are significant parallels in the nature of the stresses involved in these fields as well as a common spectrum of typical neurotic syndromes (i.e., depression, anxiety and phobia) among the personnel. This might warrant at least one conference annually in the Bureau, New London and Pensacola in rotation.

Before closing, I would like to briefly discuss a continuing difficulty faced in the retention of the best people in this field. It is obvious that the underlying fascination in and motivation to the work in this field lies in the study of the phenomenology of disturbance in mental life. This is symmetrical with the challenge implicit in the attempt at restoration of balance in the interplay of forces within the mind in psychotherapy. Of necessity the dominant emphasis in the Navy has lain in the area of diagnosis and disposition. Too often after the completion of the residency training, the demands on the Navy psychiatrist have limited the opportunity for the treatment in psychotherapy of certain selected patients, resulting in ensuing dissatisfaction.

I know that you are acutely aware of this dilemma, almost unique to psychiatry among all of the fields of military medicine. It seems that efforts should be made at all levels in training at reassurance that the opportunity to practice psychotherapy does exist in the Navy. This would be reinforced by making available consultation with psychoanalysts for those psychiatrists on detached duty or assignment to a Naval hospital where senior personnel are not at hand. If this is made clear, the resident will be able to anticipate the deepening of his grasp of psychotherapy, at once a time-consuming and hard-won skill, and one evocative of the deepest satisfactions in the practice of psychiatry.

I hope that these few remarks may be of some help in the excellent program you have projected. The steady uncompromising emphasis on excellence tempered by reasonable flexibility cannot but be successful in developing for the Navy a continuing flow of highly competent specialists.

Lastly, please be assured of my continuing support and encouragement in your able and imaginative effort to develop the outlines of a fine teaching program.

With kindest regards.

Sincerely yours,

Paul G. Ecker
Capt. MC USNR-R

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